BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOF								Application or Docket Number 09/889416					
_		Effe	ective Oct	ober 1, 2	000	TION REC	JHU		09/	8	894	16	
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAI					
	OTAL CLAIM	IS	1			A STATE STATE OF] г	RATE	FEE		RATE	FEE	
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE			BASIC FE			
TOTAL CHARGEABLE CLAIMS			15 "	15 minus 20=				X\$ 9=	-	7	7/0.0		
INDEPENDENT CLAIMS			3,	3 minus 3 =					 	-\OF		1-1-	
М	ULTIPLE DEPE	NDENT CLAIM					-	X40=		OF	X80=	1/	
• 1	I the difference	o in only						+135=		OR	+270=		
'				less than zero, enter "0" in co			-	TOTAL		OR	TOTAL	860	
	(AMENDE	MENDED - PART II				•			OTHER	RTHAN	
_		(Column 1) CLAIMS	13.745	(Colum		(Column 3)	· ~	MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRÉSENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<u> -</u>	Minus			=	;	(\$ 9=		OR	X\$18=	1	
	Independent	-	Minus	•••		=		 K40=	 	1 1	X80=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-		 	OR	700=		
							L	135=		OR	+270=		
		_					ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Columi		(Column 3)				_			
7 1		REMAINING AFTER AMENDMENT	14 / 1. 14 14 (1.16)	NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	×	\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MI	Minus	···	N A I A A	=	×	40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	135=		OR	+270=		
							ADD	TOTAL IT. FEE		OR	TOTAL		
_	·	(Column 1)		(Column	2)	(Column 3)				• /	ADDIT. FEE		
	i digen	CLAIMS REMAINING AFTER	and the second	HIGHES NUMBE PREVIOU	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID FO	R		<u> </u>		FEE			FEE	
	ndependent		Minus	**		=	X	§ 9=		OR	X\$18=		
JF		NTATION OF MU	ľ		Ι ΔΙΛ4	-	X.	40=		OR	X80=		
II t	he entry in colum	+1	35=		OR	+270=							
·•11 (he "Highest Nun	nn 1 is less than the ober Previously Pai ober Previously Pai oer Previously Paid	O FOR IN THIS	SPACE is le	ss than	20, enter "20."		T. FEE		OR A	TOTAL DDIT. FEE		